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Birth Plan for _____

This birth plan is designed to help you think about and decide what you want for your labor, delivery and postpartum experience. Using a birth plan will help you to communicate with your doctors, midwives and nurses. Please understand that we at Irwin Army Community Hospital want you to have a wonderful and safe birth. Part of that will be you thinking about what you want, and then discussing it with us. Please remember that for reasons of safety; while we will do our best, we may not be able to honor all your wishes.

This is a list of requests, and not a legally binding contract.

First Stage of Labor:

Environment:

- ☐ Dim Lights
- ☐ Peace and quiet
- ☐ Music
- ☐ Wear my own clothes
- ☐ Minimal Vaginal exams
- ☐ Other:

Monitoring:

- ☐ Intermittent monitoring
 - ☐ External monitoring
 - ☐ Internal monitoring
- Type of monitoring often depends on your and your baby's condition.

Pain relief options:

- ☐ Non-medicinal: position changes, walking, shower, massage, birth ball
- ☐ Please let me ask, do not offer any medications
- ☐ IV pain medication
- ☐ Epidural: mobility is greatly limited, IV required

Mobility:

- ☐ Move around at will
- ☐ Mobility not important/
I plan to have an epidural

Hydration:

- ☐ No restriction to what I can eat/drink
- ☐ Clear Fluids or ice chips
- ☐ Heparin/ Saline Lock
- ☐ IV

Support: Most laboring women have any family members or guests they want in the room.

Labor Induction/Augmentation

Usually induction/augmentation are not discussed in a birth plan. If you require an induction, the decision is usually a medical one. During an induction, the options of monitoring, mobility and hydration are limited. There are different types of inductions:

- | | |
|---|---|
| <input type="checkbox"/> Foley Bulb cervical ripening | <input type="checkbox"/> Cytotec (oral or vaginal pill) |
| <input type="checkbox"/> Pitocin (in the IV) | <input type="checkbox"/> Amniotomy (break bag of water) |

Second Stage of Labor:

Pictures: at IACH, you make take still pictures before and after the birth, but hospital policy does not allow video taping of delivery.

Pushing:

- ☐ Choice of positions
- ☐ Push as long as I want (as long as it is safe)
- ☐ Spontaneous bearing down (push when your body tells you to)
- ☐ Directed pushing (staff tells you when, how to push: usually with epidurals)
- ☐ Foot pedals
- ☐ Squat bar
- ☐ Mirror to see where to push

Perineal Care:

- ☐ Prefer no episiotomy
- ☐ Prefer to have an episiotomy

Cord Cutting:

- ☐ I want to cut cord
- ☐ Partner to cut cord
- ☐ Delay cord cutting until pulsating stops
- ☐ I am a cord blood donor and have made arrangements

Baby Care:

Immediately after birth:

- ☐ I would like to hold my baby right after the delivery, if possible
- ☐ Take baby to warmer immediately after the delivery

Feeding my baby:

- ☐ Breast feeding only
- ☐ Formula feeding only
- ☐ Combination of breast and formula (I understand this is not recommended for the first several weeks)
- ☐ Pacifiers are okay
- ☐ No Pacifiers

Circumcision:

- ☐ Please do circumcision before we leave the hospital
- ☐ No circumcision

State law requires that we give all babies an antibiotic gel in their eyes, and that all babies have blood work 24 hours after their first feeding.

At IACH, unless a baby is sick or needs to be transported to another hospital, all babies and mothers room together and babies are rarely taken out of the mother's room without the mother or a family member with the baby.